Late Contribution Report

Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action		Date of This Filing09/17/2018	Date Stamp	CALIFORNIA 497	
AREA CODE/PHONE NUMBER (310)576-1233	I.D. NUMBER (if applicable) 1399958	Report No. 25		For Official Use Only	
STREET ADDRESS		Amendment to Report No.	Page 1 of 3		
CITY Los Angeles	STATE ZIP CODE CA 90024	(explain below) No. of Pages3			
			_		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/15/2018	East Bay Working Families, A Coalition of Unions and Community Groups Richmond, CA 94801 ID# 1390351 Memo Reference: NON:S497:996	☐ IND ■ COM □ OTH □ PTY □ SCC		\$84,392.84
09/15/2018	Paula Litt Alhambra, CA 91801	IND COM OTH PTY SCC	Not employed Not employed	\$3,500.00
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		

*Contributor Codes	
IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other	PTY - Political Party SCC - Small Contributor Committee

Reason for Amendment:

FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

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AREA CODE/PHONE NU (310)576-1233	UMBER	I.D. NUMBER (if applicable) 1399958	Report No. 25			For Official Use Only	
CITY STATE ZIP CODE Los Angeles CA 90024		Amendment to Report No. (explain below)		Page 2 of 3			
		STATE ZIP CODE CA 90024	No. of Pages3				
Late Contrib	oution(s) Made						
DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		OR	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION		DATE OF ELECTION (IF APPLICABLE)	

Reason for Amendment:

FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

femo Reference: NON:S497:996 1-kind contribution	